

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-16-05  
150.00

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2007 APR 30 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # LD10000017103

1. Limited Liability Company's Name

mmm Rentals, LLC

2. Principal Office Address - No P.O. Box #

136 Colonnade Circle

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34103

Country

USA

3. Mailing Office Address

3123 N. Greystone Dr.

Suite, Apt. #, etc.

City & State

Morgantown, WV

Zip

26508

Country

USA

CR2E041 (1/07)

4. State/Country of Formation

Collier County, FL

5. Date Organized or Qualified  
To Do Business in Florida

9/27/01

6. FEI Number

223849230

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name Marc F. Oates, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
5515 Bryson Drive

Suite, Apt. #, Etc. Suite 502

City Naples

State

FL

Zip Code

34109

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 3/8/07

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>mgrm</u>	<u>Frank R. Oates</u>	<u>3123 N. Greystone Dr.</u>	<u>Morgantown, WV 26508</u>
			<u>100101775021</u>
			<u>05/08/07--01010--021 **150.00</u>
			<u>REINSTATEMENT 05-07</u>

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

[Signature]

Date 3-20-07

Daytime Phone #

Typed or printed name of signing Managing Member/Manager